File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form



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FOR INSTRUCTIONS, SEE BACK OF FORM

1 ax. 515-261-4073	DISCLOSURE S	UMMARY PAGE	20.7	much (1 Million)
COMMITTEE NAME (Must b	e same as on Statement of Organiz		—— ^{/與,}	9110:14 Anth 01
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee (of committee you are reporting for: Standing for Retention Candidate (2) S 5) County Candidate (6) City Candidate (1) PAC (1) School Boards (1) PAC (10) PAC	State PAC (3) State Party	al C (FORM DR-2 Rev. 07/2007) Or Office Use Orliv
	Henegger	Political Party (if applicable) Semecial District (if Senate or House)	S C A	comm. #
SIGNATURE OF PERSON FIL	ble civil and criminal penalties. Pursua	ant to lowa Code sections 68B.32 29-66 2757 TELEPHONE		
I AM FILING A		_ REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YEAR
(re	eport date)	Indicate by		
CHECK IF AMENDMENT TO	O REPORT DATED		Local Com	mittees, enter Date of Election
(You must continue to	ation) report and attach Notice of Di- offile reports until a DR-3 is filed.) ENT OF CASH ON HAND	5501410H FURH DR-5.	County & L which Elec	ocal Committees, enter County in tion is held
CASH ON HAND at the beginn committee. This amo	ing of the reporting period. (Total o unt MUST be the same as the cash ariod or must be zero if this is first re	on hand at the end	s	\bigcirc
	TAKEN IN THIS PERIOD		•	
Schedule A: Cash Co	ontributions total (Attach Schedule A	(*also see in-kind below)		100
Schedule F: Loans R	eceived total (Attach Schedule F)	***************************************	•••••	
Schedule H: Total Sa	les of Campaign Property (Attach S	chedule H)	•••••	
(Schedule H	applies to Candidates' Committe	es Only) SUB-TOTAL		10000
	MONEY SPENT THIS PERIOD			-15-00
Schedule B: Expendit	tures total (Attach Schedule B) (**al	so see debts and loans below)		43
	payments total (Attach Schedule F)			
	this reporting period (if final report b			O See Bolow
**UNPAID BILLS (From Schedu	ule D - Attach Schedule D)	Kto SBLF	\$	5500
*IN KIND CONTRIBUTIONS (FI	rom Schedule E - Attach Schedule I	Ē)	\$	
OUTSTANDING LOANS (From	m Schedule F - Attach Schedule F).	*************************************	\$	
CONSULTANT BREAKDOWN	(Schedule G Attached?)		•	YESNO
CANDIDATE COMMITTEES OF				
	ERTY (From Schedule H - Attach Sc		\$	7)
STATE COMMITTEES: Submit	a reconciled campaign account bar	nk statement in January of each	year.	

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE			
A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(14114110134 1114)	NUMBER		(if applicable)		RAISER INCOME
10/1	ID#			¢	
10/14/8	CK#1276	WAShington Co Downests		10000	
	ID#				
	CK#		,		
	ID#				
·	CK#				
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	CK#				
	ID#				
	CK#				
V 	ID#				
	CK#				L
	ID#				
	CK#				
			SUB-TOTAL		
		TOTAL (if last none	of this schodule)	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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SCHEDULE

B (Rev. 07/03)

MONETARY EXPENDITURES

L CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTE	E NAME (Must be:	same as on Statement of Organization)		
Michae	el Niffen	~ 2496. 10. Summer.		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	' NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/21/4	ID# CK#/334	KALONA News	Add	\$ 4500
	ID# CK#			
	ID# CK#			
	ID#			
	СК#			
	ID#			
	CK#	!		
	ID#			
	CK#			
	ID#			
	CK#			
<u> </u>	ID#			
	CK#			
			SUB-TOTAL	\$ 4500
			TOTAL (if last page of this schedule)	\$ 4500

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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